

## **902 KAR 2:065. Immunization requirements for long-term care facilities.**

RELATES TO: KRS 209.550, 209.552, 211.090, 211.180, 214.010, 216.510, 216.515, 216.530, 42 C.F.R. 483.80

STATUTORY AUTHORITY: KRS 209.554(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 209.554(1) requires the Cabinet for Health and Family Services, Department for Public Health to promulgate administrative regulations to implement provisions of KRS 209.550 to KRS 209.554 relating to immunization of residents and employees of long-term care facilities against influenza and pneumococcal disease. This administrative regulation establishes requirements for long-term care facilities to request that residents and employees agree to be vaccinated against influenza and pneumococcal disease, to provide vaccine for the residents and employees or to make a referral for vaccination, to maintain annual documentation of immunizations, and to report outbreaks of influenza-like illnesses.

Section 1. Definitions. (1) "Advisory Committee on Immunization Practices" or "ACIP" means the United States Department of Health and Human Services (HHS) Committee that makes national immunization recommendations to the Secretary of HHS, the Assistant Secretary for Health, and the Director of the Centers for Disease Control and Prevention (CDC).

(2) "Department" is defined by KRS 209.550(2).

(3) "Employee" is defined by KRS 209.550(4).

(4) "If vaccine is available" means that a sufficient supply of vaccine has been produced by vaccine manufacturers and is available for purchase and shipment.

(5) "Influenza" means an acute viral infection of the respiratory tract:

(a) Caused by an influenza virus;

(b) Confirmed by:

1. Viral culture;

2. Polymerase chain reaction (PCR);

3. Nucleic acid detection testing; or

4. Rapid influenza diagnostic testing (RIDT); and

(c) Characterized by the sudden onset of a group of signs and symptoms such as fever, headache, myalgia, coryza, sore throat, and a dry cough.

(6) "Influenza-like illness" or "ILI" means, in the absence of a known cause, other than influenza, an illness in which a person experiences:

(a) Fever greater than or equal to 100 degrees Fahrenheit or thirty seven and eight-tenths (37.8) degrees Celsius, as confirmed through oral or equivalent methods;

(b) Cough;

(c) Sore throat; or

(d) Cough and sore throat.

(7) "Influenza vaccine" means a vaccine licensed by the Food and Drug Administration for the prevention of influenza.

(8) "Immunize" means to vaccinate.

(9) "Long-term care facility" is defined by KRS 209.550(6).

(10) "Medically indicated" means a vaccine is recommended by the ACIP for a person:

(a) Who has not been immunized against a disease; and

(b) For whom vaccination is recommended based on:

1. The age of the person;

2. A preexisting medical condition that may cause the person to be at risk; or

3. An occupation of the person that may put others at risk of contracting the disease.

(11) "Outbreak" means two (2) or more cases of influenza, or ILI, occurring in a single long-term care facility during a seventy-two (72) hour period.

(12) "Pneumococcal disease" means a bacterial infection usually involving the lungs producing inflammation caused by *Streptococcus pneumoniae*, the bacteria commonly referred to as "pneumococcus".

(13) "Pneumococcal vaccine" means a vaccine licensed by the Food and Drug Administration for the prevention of pneumococcus.

Section 2. Vaccine Availability. (1) If vaccine is available, a long-term care facility shall:

(a) Obtain a sufficient quantity of influenza and pneumococcal vaccine to immunize each employee and resident of a facility for whom the vaccine is medically indicated; or

(b) Enter into an agreement with a local health department or other health care provider to obtain or administer influenza and pneumococcal vaccine to each employee and resident of a facility for whom the vaccine is medically indicated and age-appropriate.

(2) A long-term care facility may charge a third party, a resident, or an employee for the cost of the:

(a) Vaccine; and

(b) Administration of the vaccine.

Section 3. Immunization Schedule for Residents. (1) A long-term care facility shall have an infection prevention and control plan in compliance with 42 C.F.R. 483.80.

(2) Influenza immunization shall be offered to each resident in compliance with 42 C.F.R. 483.80(d)(1).

(3) Pneumococcal immunization shall be offered to each resident in compliance with 42 C.F.R. 483.80(d)(2).

Section 4. Immunization for Employees. (1) A long-term care facility shall request that each employee agree to be vaccinated on an annual schedule against influenza when the vaccine is:

(a) Available;

(b) Medically indicated; and

(c) Age-appropriate.

(2) A long-term care facility shall request that each employee agree to be vaccinated against pneumococcal disease if the vaccine is:

(a) Available;

(b) Medically indicated; and

(c) Age-appropriate.

(3) If a long-term care facility is located within a larger facility, such as a hospital, the provisions of this administrative regulation shall apply to every employee of the larger facility who may also work in the long-term care facility on a full-time, part-time, or contractual basis.

Section 5. Health Records. (1) A long-term care facility shall maintain an immunization health record for each employee and resident that shall document:

(a) The immunization status of the employee or resident for influenza virus and pneumococcal disease;

(b) The date that the employee or resident received counseling on the risks and benefits of the vaccines;

(c) The date the employee or resident was requested to be immunized against influenza virus and pneumococcal disease; and

(d) The date the employee or resident was vaccinated against each disease.

(2) If after being advised of the risks and benefits of the vaccine, an employee, resident, or legal guardian of a resident refuses to be vaccinated, as provided in KRS 209.552(5), a long-term care facility shall document in the health record:

(a) The date each vaccine was offered;

(b) Each vaccine that was not administered; and

(c) The reason each vaccine was refused.

Section 6. Reporting. (1) Upon recognition of an outbreak of ILI, a long-term care facility shall report the outbreak within twenty four (24) hours, by telephone, facsimile, or e-mail to:

(a) The local health department having jurisdiction; or

(b) The department.

(2) Upon receipt of a report of an outbreak from a long-term care facility, a local health department shall:

(a) Immediately notify the department; and

(b) Assist the department in carrying out a public health response as instructed.

(3) Within one (1) week of reporting an outbreak of ILI, a long-term care facility shall submit a completed EPID 200, Kentucky Reportable Disease Form, incorporated by reference in 902 KAR 2:020, for each affected employee or resident to:

(a) The local health department having jurisdiction; or

(b) The department.

(4) Upon notification of an outbreak of ILI, the local health department having jurisdiction or the department shall contact the long-term care facility to make recommendations for appropriate confirmation of the etiology of illness and intervention.

(5) The department shall maintain a database of confirmed occurrences of influenza occurring in long-term care facilities.

(6) All long-term care facilities shall report the seasonal immunization survey utilizing an electronic reporting system provided by the department.

Section 7. Educational Literature. The department shall provide each licensed long-term care facility with access to the most current vaccine information statements for influenza and pneumococcal disease as published by the CDC. (29 Ky.R. 1448; 1818; eff. 1-15-2003; 46 Ky.R. 2334, 2952; eff. 7-29-2020.)